CLASS III UNDERGROUND INJECTION CONTROL REPERMIT APPLICATION FOR CONTINUED PRODUCTION OF BRINE FROM SUB-SURFACE FORMATIONS BY HYDRAULIC METHODS

<table>
<tr><td rowspan="4">Submit to:
Kansas Department of Health
& Environment
Bureau of Water – Geology Section
1000 SW Jackson Street, Suite 420
Topeka, Kansas 66612-1367</td><td colspan="4">Date of Application:</td></tr>
<tr><td colspan="4">KDHE UIC Permit No.:</td></tr>
<tr><td colspan="4">Well (s)#:</td></tr>
<tr><td>Legal Description:</td><td>1/4</td><td>1/4</td><td>1/4</td></tr>
<tr><td rowspan="4">Owner's Name:

Mailing Address:

Telephone #:

E-Mail:</td><td>Sec.</td><td>T S</td><td>R</td><td>E W</td></tr>
<tr><td colspan="4">feet from south line of SE/4</td></tr>
<tr><td colspan="4">feet from east line of SE/4</td></tr>
<tr><td colspan="4">County: _____
GPS Coordinates:
Latitude:_____ Long:_____</td></tr>
<tr><td></td><td colspan="4">Check One: ☐ Gallery ☐ Single Wells</td></tr>
<tr><td>Operator's Name:

Mailing Address:

Telephone #:

E-Mail:</td><td colspan="4">Facility Name:

Mailing Address:

Telephone #:

E-Mail:</td></tr>
<tr><td colspan="5">Contact Person's Name:

Mailing Address:

Telephone #:

Fax:

E-Mail:</td></tr>
</table>

In conformity with the provisions of K.S.A. 65-164, 65-165, 65-166 and 65-171d, the undersigned, representing

_____

(Name of company, corporation or person applying)

hereby makes application to KDHE for a permit to continue operation of a salt solution mining well, the location of which is described above.

1. Production of brine by hydraulic means is desired to continue within the formation. The top of the salt is at a depth of _____ feet and the bottom of the salt is at a depth of _____ feet.

2. Maximum injection rate:_____ gpm. Maximum injection pressure:_____ psig at the wellhead. If the maximum injection pressure proposed exceeds what is currently permitted, justification for the increase shall be provided; including information demonstrating the fracture pressure gradient of the salt formation, using an appropriate safety factor will not be exceeded.

3. Describe the method of brine production for this well or gallery. Include the number of wells through which the fluid is cycled to achieve saturation. Provide a flow diagram for the injected and withdrawn fluids.

4. Well Completion:

   Provide updated borehole, casing, tubing, and cement information. This information shall be obtained from the completion records and workover reports for this well.

Borehole Size	Casing/ Tubing size	Material	Weight (lbs/ft)	Casing Seat Depth	Joint Lengths	Type Cement & additives	Amount Cement (Sacks)	Cemented Interval From To

5. Provide an updated schematic drawing of the well as it is currently completed (surface and subsurface).

6. If a well(s) penetrating the salt section has been constructed, plugged and abandoned, abandoned or inactive within the 1/4 mile area of review (AOR) since the last AOR was conducted , provide
an updated map showing the well to be repermitted, the newly constructed, newly plugged and abandoned, newly abandoned well(s) or newly inactive well(s) penetrating the salt section, all other wells penetrating the salt section including oil or gas producing wells, injection wells, plugged wells, abandoned wells, dry holes, core holes, salt solution mining wells, and hydrocarbon storage wells. The map must also include surface water bodies, springs, mines, quarries, water wells, monitoring wells, faults and other pertinent surface features. The map must be clear and readable with the 1/4 mile radius AOR drawn on the map. Provide an updated tabulation of data on all wells penetrating the salt section within the AOR that were constructed, plugged and abandoned, abandoned or inactive since the last AOR was conducted including the current status, type, date of drilling, location, depth and plugging or completion data. Key the wells to the map. Copies of plugging records for wells pentrating the salt section shall be provided if not previously submitted. A schematic indicating the current configuration of all wells penetrating the salt section constructed, plugged and abandoned, abandoned or inactive since the last AOR was conducted shall be submitted on the attached Artificial Penetration Review forms. Provide proposed corrective measures required for wells in the AOR, if any.

7. Decscribe the protocol used to identify, locate and ascertain the condition of wells penetrating the salt zone that were constructed, plugged and abandoned, abandoned or inactive within the AOR since the last AOR was conducted. At a minimum the records of the Kansas Department of Health and Environment, Kansas Geological Society, Kansas Geological Survey and the Kansas Corporation Commission shall be reviewed. Describe the procedure used to conduct the review of these records.

8. Provide copies of any logs or tests not previously submitted to KDHE.

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information. K.A.R. 28-46-22 requires this certification and that this application be signed by an executive officer of a level of at least Vice-President or other authorized signatory as described at the Code of Federal Regulations 40 CFR 144.32 in effect on April 1, 1993.

_____

Printed Name of Authorized Signatory

_____

Signature of Authorized Signatory Company Title

Revised 12/05
Repermit.C13

ARTIFICIAL PENETRATION REVIEW

Control # _____

Operator _____

Lease _____

Well # _____

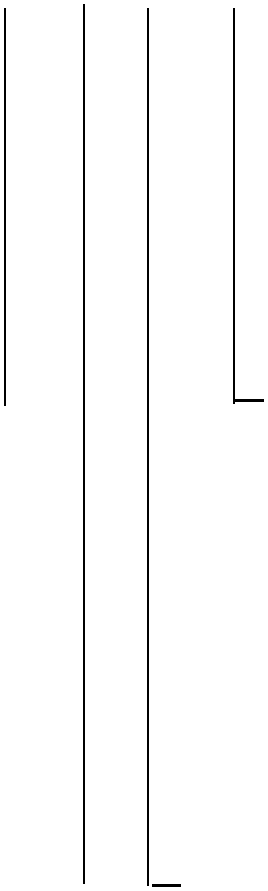
Status _____

Distance from Injector

_____

Location _____

WELL DIAGRAM



POTENTIAL PROBLEM: _____

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